
COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD FOR LEVELING AND COATING A SUBSTRATE AND AN ARTICLE FORMED THEREBY

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

Applicant: GABRIELE, Alfred M. et al.
Serial No.: To be assigned

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60/196,561

April 11, 2000

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

REGISTRATION NUMBER(S)

Michele J. Young

43,299

Elliot A. Salter

17,486

Jodi-Ann McLane

36,215

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Applicant: GABRIELE, Alfred M. et al.
Serial No.: To be assigned

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Michele J. Young
401-421-3141

Michele J. Young
Reg. No. 43,299
Salter & Michaelson
321 South Main Street
Providence, RI 02903
US
Tel: (401) 421-3141
Fax: (401) 861-1953
Customer Number 000987

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Alfred M. Gabriele

Inventor's signature _____

Date _____

Country of Citizenship US

Residence Lincoln, RI US

Post Office Address 14 Harris Avenue, Lincoln, RI 02865 US

Applicant: GABRIELE, Alfred M. et al.
Serial No.: To be assigned

Peter B. Dragone

Inventor's signature _____

Date _____

Country of Citizenship US

Residence Concord, MA US

Post Office Address 55 Hildreth Lane, Concord, MA 01742

Jacob Avissar

Inventor's signature _____

Date _____

Country of Citizenship US

Residence Providence, RI US

Post Office Address 76 Edgehill Road, Providence, RI 02906

Timothy J. Coxon

Inventor's signature _____

Date _____

Country of Citizenship US

Residence Atlanta, GA US

Post Office Address 435 Otter Creek Court, Atlanta, GA 30328 US